## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC Attorney Docket No.: 117282 P.O. Box 19928 Alexandria, Virginia 22320 Date: September 23, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 **MAIL STOP PATENT APPLICATION** Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTA **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): IMAGE FORMING DEVICE AND IMAGE FORMING METHOD Tasuku SUGIMOTO By (Inventors): Formal drawings (Figs. 1-6; 6 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. \_ filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to BROTHER KOGYO KABUSHIKI KAISHA. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-283832 filed September 27, 2002 in JAPAN is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.  $\boxtimes$ The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY** FOR: NO. FILED NO. EXTRA RATE FEE <u>OR</u> **RATE** FEE **BASIC FEE** \$ 375 OR \$ 750 TOTAL CLAIMS 16 - 200 x 9 = \$ OR х 18 \$ INDEP CLAIMS 2 - 30 42 = \$ <u>OR</u> \$ х 84 х ☐ MULTIPLE DEPENDENT CLAIMS PRESENTED + 140 =\$ <u>OR</u> + 280 \$ \* If the difference is less than zero, enter "0". \$ **TOTAL** OR **TOTAL** 

Check No. 146583 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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